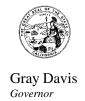


Company Name (please provide complete name)

California Integrated Waste Management Board

Linda Moulton-Patterson, Chair 1001 I Street • Sacramento, California 95814 • (916) 341-6000 Mailing Address: P. O. Box 4025, Sacramento, CA 95812-4025



www.ciwmb.ca.gov Environmental

1999 Rigid Plastic Packaging Container (RPPC) Protection **Product Manufacturer Certification Form CIWMB 651 (NEW 4/02)**

2.	Mailing Address	City	State Zip										
3.	Contact Person /Title	Phone Number	e-mail address										
4.	My company packages our products clamshells, or other rigid plastic con-	s in plastic bottles, jars, jugs, buckets, tainers Yes No	pails, tubs, drums,										
5.	My company sells products in Cali Product Manufacturer Certification F		therefore we are required to submit the RPPC										
6.	. Some or all of my company's products qualify for exemption pursuant to Public Resources Code Section 42340, or for waiver pursuant to PRC section 42330(c). Yes No												
	appropriate documentation.) (a) The product is a food, bever the containers must compose the containers must compose the containers must container the containers must contain the contai	was first introduced (as defined in Title	rice; icide, and Rodenticide Act (FIFRA) al shipping requirements of Title 49 of the Code										
7.	In 1999 all of my company's producompliance with Public Resources C		exemption or waiver as noted above, were in										
	Certification by PRODUCT Manufacturer												
	8. Certification Instructions: Only a responsible corporate officer or manager authorized to make management decisions, which govern the operation of this reporting entity, is authorized to sign this form. If the reporting entity is a partnership or sole proprietorship only the general partner or proprietor may sign this form. I certify under penalty of perjury under the laws of California that the foregoing is true and correct. Authorized signature Title												
	Typed or printed name of person	n signing Date	Phone number CIWMB 651 (NEW4/02)										

1999 PRODUCT MANUFACTURER CERTIFICATION FORM

	Container Description and size (fl. oz.)	Number of Containers	Resin Type	In Post Consumer Resin Option		Source R	Product Manufacturer Use ONLY							
Product/Product Category						Option		Option		Refill / Reuse Option Used			If Averaging Used	
				Yes	no	Total Wt. (grams)	PCR Wt. (grams)	Weight Before	Weight After	Y E S	N O	# of times	US	C A

Please attach additional sheets if needed